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ABSTRACT

The paper examines the role of therapeutic recreation with disabled children. The underlying philosophy of the field is interpreted and its development from beginnings in World War II is reviewed. Three specific levels of services within a comprehensive model are delineated: therapy (to improve functional behavior through assessment, planning, implementation, and evaluation); leisure education (to provide opportunities for acquisition of skills, knowledge, and attitudes related to leisure involvement); and recreation participation (to provide opportunities for voluntary involvement in diversional activities). The author cites the need for other professionals to be aware of the contributions of therapeutic recreation. (CL)

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THERAPEUTIC RECREATION: RECREATION WITH PURPOSE FOR EXCEPTIONAL CHILDREN

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ABSTRACT

The habilitation of an exceptional child requires an enormous amount of efforts from various professionals. It is the purpose of this paper to acquaint the reader to the underlying principles of the field of therapeutic recreation. In particular, the paper discusses three specific levels of services integrated in a comprehensive therapeutic recreation model (therapy, leisure education and special recreation). Each of the levels has a very specific purpose in regards to providing a service for an exceptional child. All of the levels integrate a process that includes methodology suitable to a wide range of disabilities. Furthermore, it is an additional intent of this paper to suggest to professionals as well as parents how they can utilize this modality as an adjunct service in assisting in the growth and adaptation of the exceptional.

In today's fast moving world, many individuals are faced with an enormous amount of free time. Now more than ever, recreation and leisure activities are being used as outlets by individuals to engage their time in a positive fashion.

However, for an exceptional child, these needs may not be met. The daily challenges and obstacles presented to them by their various handicapping conditions can, at times, prevent them from fulfilling their leisure desires. The outcome of this situation can be an extremely frustrating one to a child whose basic needs are no different than others in the pursuit of recreation and leisure.

When one attempts to address the multitude of remedial approaches made available to an exceptional child, the list may appear extensive. This is primarily due to the complexities in treating some disabled children. However, as a consequence of advancements in special services, professionals are often not cognizant of the responsibilities and roles of fellow colleagues in other allied health professions. Furthermore, there is a lack of knowledge that exists in understanding the general methodologies within other fields as well as some of the common overlap areas between many professionals.

The major intent of this paper is to explore the rationale of therapeutic recreation as a change agent. The writer intends to document why professionals & parents should become more aware of the field.

Krusan (1971) states that rehabilitation involves the treatment and training of the patient to the end that s/he may attain potential for normal living. Goldenson (1978) notes that total rehabilitation requires a multidisciplinary effort involving a wide range of professionals. The field of therapeutic recreation falls under the rubric of social rehabilitation. However, a potential weakness of splintering off specialized services is the possibility of the isolation between groups.

Initially, the author would like to orient the reader to a philosophical understanding of the field of recreation therapy/therapeutic recreation. After addressing this aspect within the paper, the writers

will conclude by suggesting how other allied health professionals, educators, as well as parents can utilize this process directly or indirectly.

Therapeutic recreation is a developing specialization within the field of recreation. It may be considered as the functional utilization of recreation activities for the habilitation of a client. It is a process that includes methodology suitable to a wide range of disabilities. Kelley (1982) notes that it can be considered an emerging health related discipline that is unique "in its ability to use the recreation activity and environment as a modality of intervention for remediation, restoration, and rehabilitation of individuals who are experiencing some measure of dependency due to illness, disability, or maladaptation" (p. VI).

As a profession, therapeutic recreation is relatively new. It had its greatest impact in its origination during World War II. At this time, activities were used with both physically disabled and psychiatrically disturbed individuals to speed up recovery and adaptation (Gunn & Peterson, 1978). However, the field at that time was truely in its gestation period. The training of the therapists as well as the modalities utilized was extremely basic. Today, the utilization of recreation therapy has grown immensely. Programs are now established in many long-term acute hospitals, and educational as well as community facilities.

Recreation therapy can be initially conceptualized as the therapeutic utilization of recreation activities in a well-planned process (Gunn & Peterson, 1978). In general, therapeutic recreation represents the selection of specific recreational activities to promote a desired change. The underlying processes allows therapeutic recreation to become an integral aspect of the habilitation of an exceptional child (handicapped). It can be considered as a process which integrates the utilization of recreational activities (i.e., art, games, organized physical activities, self-help activities and drama) as well as various other facilitation techniques, such as leadership and management skills, to promote change. The recreation activities basically represent a means toward reaching the treatment goals (Austin, 1982; Fine, 1982).

The facilitation strategies are those which allow the professional to work with the child in the most effective fashion. The procedures under question are not merely impacted by the recreational activities selected, but they also represent a logical, organizational process which includes the planning based upon understanding the clients who are served.

According to a therapeutic recreator, the child's involvement may be of greater importance than just the sheer acquisition of pleasure. Along the pathway of play, many secondary benefits can be stimulated. The areas of socialization, communication, problem solving and motor development are just a few end products that can be enhanced. These by-products represent the therapeutic recreator's most important goals.

The main difficulty is how recreation therapy can be utilized effectively with various degrees of exceptional children. Too often the modality is superficially judged as being recreation for special populations. As a consequence of this confusion, the National Therapeutic Recreation Society defined therapeutic recreation as a continuum of services (1982). This definition implies that at various levels of disability and dysfunctioning, the purpose of the interaction may vary.

Three specific areas of interaction are integrated within this continuum of services. For purposes of convenience, each of the areas will be discussed briefly. (Place Figure 1 about here.)

"The purpose of the therapy service area within therapeutic recreation is to improve functional behavior. Some clients may require treatment or remediation of a functional behavior as a necessary pre-requisite to enable their involvement in meaningful leisure experiences. Therapy, therefore, is viewed as most appropriate when clients have functional limitations that relate to, or inhibit, their potential involvement," (NTRS, 1982). The recreation activities are basically tools to stimulate growth.

In a brief sense, the process is regulated by following a series of stages. O'Morrow (1980) notes four steps that must be incorporated in the procedure: assessment, planning, implementation, and evaluation.

Depending on the specific handicapped child, activities are altered to emphasize the areas of greatest attention. This information is obtained through a thorough intake and assessment. Assessment can be conducted through an interview, observation, or various standardized- and criterion-referenced instruments. It is the authors' belief that there is nothing mystical about the therapeutic aspects of this modality. Similar to all remedial and habilitation processes, the interventions are completely thought out and planned. For the methods to be optimally fruitful, a therapeutic recreator must be willing to assess the purposes of the activities selected. Learning may occur even without the planning because of the obvious innate advantages of recreation. However, for one to consider the procedures as therapeutic the planning stages (which include the assessment of the individuals being served) are critical. This allows the professional to synthesize the needs of the client and develop realistic and obtainable goals in an organized fashion. In addition, the process acts as a problem solving approach which aids in the selection and the utilization of the most appropriate activities (tools). In its entirety, the procedures become a logical remedial approach.

Recent studies by Fine et al., (1983); Fine, (1983); Fine et al., (1982); Thacker, (1978); Sessoms (1979); and Dibner (1973) have correlated significant changes in a multitude of behaviors due to involvement in therapeutic recreation programs. These studies were designed to investigate the impact of treatment for various special populations, including individuals with spina bifida, mental retardation, and autism. These studies represent a small sample of the research conducted--investigating specialized techniques geared to meet specific needs of various client groups.

Lewdo and Crandall (1980), in their study investigating trends in research related to leisure within special populations, state that the second highest trend in recent research in therapeutic recreation is related to leisure/recreation as a treatment tool. They further state that leisure with special populations is an emerging concern for many

researchers with diverse academic orientations. However, according to Sessoms (1979) and Thacker (1978) there is a minimal amount of scientific evidence to support the assumption that organized recreation therapy programs contribute a positive change in individuals. Thacker (1978) points out that many of the studies conducted in the field of recreation are flawed in their research design and that a major weakness is in the ability of the researchers to replicate studies to conform or contest the data obtained.

The next stage within the definition is the area of leisure education. The purpose of this interaction is to provide opportunities "for acquisition of skills, knowledge, and attitudes related to leisure involvement." Primarily it has been noted in the research that many disabled children lack appropriate leisure skills. Wehman (1980) noted that many exceptional individuals must be taught to engage in activities because of their lack of knowledge and exposure. The intent of leisure education is to stimulate this phenomenon. The interaction between the first two stages is permeable. A client can be treated, with both of these areas given equal consideration.

For example, Anderson & Allen (1982) contend that mentally retarded persons do not participate in leisure activities because many of them lack the functional skills and also the knowledge of how and why to recreate. Lack of leisure education appears to be a crucial obstacle. Li (1981) has indicated that within many severely handicapped children, play development does not occur unless specific program direction is given. Li (1981) urges that these children be given the opportunities not only to play, but also to be educated in this area. The emphasis of leisure education confronts this issue.

At the present time, there has been efforts initiated attempting to develop leisure education curriculums. Florida State University, in cooperation with the Florida State Department of Education, developed a comprehensive leisure education model which is comprised of objectives, (Mundy & Odum, 1979). The objectives "are arranged sequentially under the six categories of: 1) self awareness, 2) leisure awareness, 3) attitude, 4) decision making, 5) social interaction, and 6) leisure activity skills" (Mundy & Odum, 1979, p. 44).

Depending on the specific needs of an exceptional individual, training can be given in any number of the areas of concentration. This mode would be truly most beneficial for the mild and moderately handicapped. This is noted because it is critical to realize that individuals who are severely cognitively impaired would not benefit from training in a majority of the categories. They would have an enormous amount of difficulty conceptualizing as well as generalizing from the materials being disseminated.

The ultimate goal of leisure education is to instill the most optimal leisure performance of an individual. By attempting to focus not only on developing leisure skills, but the how and where to apply them, the scope of leisure education can become a viable process for an exceptional individual to be involved in. This process advocates that professionals should not only be investing energies in merely teaching recreational skills, but also how and where individuals can utilize them.

The final aspect of the continuum is recreation participation. The purpose of this dimension within the service model is to provide opportunities which allow "voluntary client involvement" in diversional activities. Although many may feel that this area is less therapeutic than the other two components cited, the programs implemented should still be developed according to the needs of the exceptional. Too often exceptional children are deprived of their leisure time due to lack of resources. Furthermore, there are agencies who attempt to initiate programs, however the necessary efforts in establishing reliable and appropriate activities are left underdeveloped. This shortsightedness, although implemented genuinely, can influence progress.

Additionally, it must be recognized that recreation provides dynamic outlets for the release of excess energy and boredom. Up to now the rationale of therapeutic recreation has been discussed in regards to its primary habilitation impetus. However, it must be recognized that many exceptional children experience a sense of loss when faced with leisure time. This component within the services continuum attempts to develop services which provide enjoyable and viable alternatives for the exceptional.

Many decades ago, handicapped individuals had to seek emotional satisfaction as passive observers rather than active participants (Pomeroy, 1964). As times have changed, one can begin to see a general transition where activities have been adapted to allow the exceptional child the chance to be involved. Both organized and unstructured play provides children with unique opportunities.

To this point, the rationale and purposes of therapeutic recreation have been explored. It is critical for the reader to become more cognizant to the various values and purposes of recreation therapy. Recognizing that there are several levels of services within the field, interested professionals and parents may attempt to secure programs where the treatment goals are more suitable for specific children.

Play is a child's opportunity to explore his or her inner self. It is a positive outlet for a child's energy and it represents a positive avenue for a child to explore his or her world. Unfortunately not every child gets to play the game. Too many exceptional children have been neglected. The need for further attention exists. It was the intent of the author to encourage other allied health professionals, educators as well as parents to understand this void and, to assist in fulfilling this need.

The field of recreation therapy can truly assist in the habilitation of an exceptional child. It fills a void in the services presently made available. Hopefully, in the near future, its value will be seen more concisely by other professionals, and integrated more effectively.

REFERENCES

Anderson, S. and Allen L., Effects of a leisure counseling program on activity involvement and social interaction of mentally retarded persons. A paper presented at the Symposium on Leisure Research, National Recreation and Parks Association Congress, Louisville, Kentucky, 1982.

Austin, D., Therapeutic Recreation: Processes and Techniques, New York: John Wiley & Sons, 1982.

Dibner, A., Semi-integrated camping for the physically handicapped child. Rehabilitation Psychology, 1973, 20, 84-93.

Fine, A., A counselor-in-training program for adolescents with myelomeningocele: A form of peer-tutoring. Paper submitted for publication, 1983.

Fine, A., Welch, C., and Fondario, L., A developmental model for the integration of leisure programming in career education for individuals with mental retardation. Paper submitted for publication, 1983.

Fine, A., Lehrer, B., and Feldis, D., Therapeutic recreation and programming for autistic children. Therapeutic Recreation Journal, 16, 1982, 6-12.

Fine, A., Therapeutic recreation for exceptional children. The Lively Arts, 4, 1982.

Goldenson, R., Disability and Rehabilitation Handbook. New York: McGraw-Hill, 1978.

Gunn, S., and Peterson, C., Therapeutic Recreation Program Design. Englewood Cliffs: Prentice Hall, 1978.

Kelley, J., Forward cited in Austin, D., Therapeutic Recreation Processes and Techniques. New York: John Wiley & Sons, 1982.

Krusen, F., Handbook of Physical Medicine and Rehabilitation. Philadelphia: W.B. Saunders, 1971.

Lewdo, J., and Crandall, R., Research trends in leisure and special populations. Journal of Leisure Research, 1980, 12, 69-79.

Li, A., Play and the mentally retarded child. Mental Retardation, 19, 121-126, 1981.

Matthews, P., Why the mentally retarded do not participate in certain types of recreational activities, Therapeutic Recreation Journal, 14, 44-51, 1980.

Mundy, J. & Odum, L., Leisure Education: Theory & Practice, New York: John Wiley & Sons, 1979.

National Therapeutic Recreation Society, Philosophical Position Statement, Alexandria, VA, NRPA, 1982.

O'Morrow, G., Therapeutic Recreation--A Helping Profession. Reston: Reston Publishing Company, 1980.

Sesscms, D., Organized camping and its effect on self concept of physically disabled children. Rehabilitation Literature, 13, 39-43, 1980.

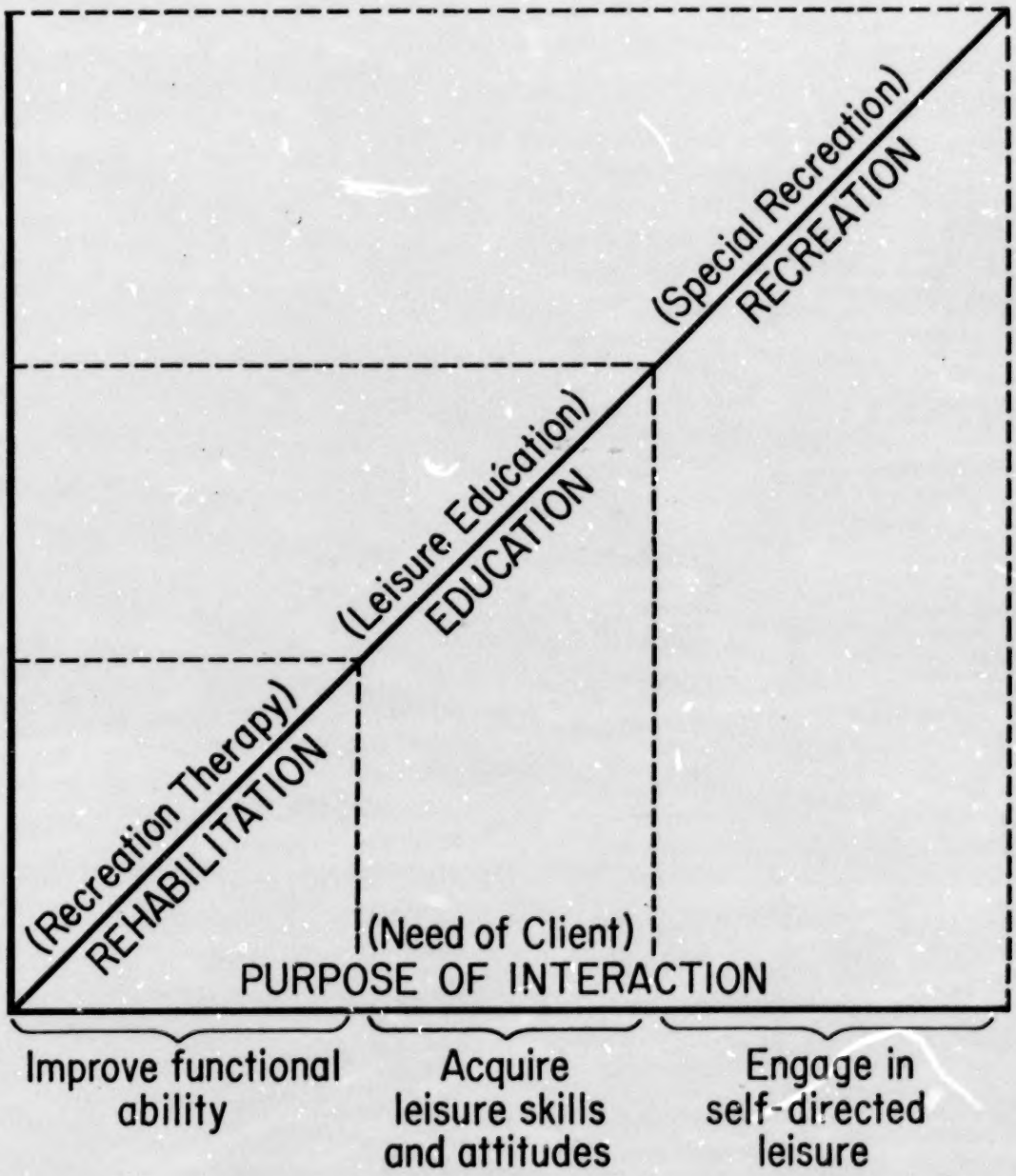
Thacker, R., The effect of a two-week camping experience on the self-concept of physically handicapped children. (Doctoral dissertation, The University of North Carolina, 1978). Dissertation Abstracts International, 39, (7-A) 4113, 1979.

Wehman, P., Recreation Programming for Developmentally Disabled Persons, Baltimore: University Park Press, 1979.

Wehman, P., Establishing play behaviors in mentally retarded youth, Rehabilitation Literature, 37, 238-245, 1975.

FIGURE 1

CONTINUUM OF SERVICES IN THERAPEUTIC RECREATION



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